

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

28457

1. PLACE OF DEATH

County.....

Township.....

City..... (No.)

Registration District No. 791

Primary Registration District No. 4003

Deaconess Hospital

File No.

Registered No. 7069

St. Ward)

2. FULL NAME

Fred W. Wipke;

(a) Residence, No.
(Usual place of abode)

Lindbergh Blvd.

St. 4

Ward.

Webster Groves RR#3

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Matilda Wipke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 9, 1864.

7. AGE

YEARS

69

MONTHS

2

DAYS

6

If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Retired

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year).....11. Total time (years)
spent in this
occupation.....12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Missouri.

FATHER

13. NAME

Carl W. Wipke

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Mo.

MOTHER

15. MAIDEN NAME

unknown

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Germany.

17. INFORMANT

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmlawn Cemty

DATE

8/18/33.

19. UNDERTAKER

(ADDRESS)

Kirkwood, Mo.

20. FILED AUG 16 1933 19

Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

8-15-1933

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1930, to Aug 15, 1933

I last saw him alive on 3/5/33 19..... Death is said

to have occurred on the date stated above, at 2:28 am.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Apoplexy

Date of onset 8/11/33

825

102

Other contributory causes of importance

Arteriosclerosis

of three years standing 1930

Name of operation

What test confirmed diagnosis? Tissue Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Meador

8/15/33 (Address) Clayton Mo

, M. D.

Sept. 1, 1933

H. L. Meador,
Central Bldg.
St. Louis, Mo.

Dear Doctor Meador:-

We are in receipt of your letter of August 31, regarding the corrections on the death certificate of Fred W. Wipke. Kindly fill in the necessary corrections on the enclosed supplemental and sign same. Also forward the death supplemental to Dr. J. F. Bredeck, Municipal Courts Bldg. St. Louis, Mo. so he may make the necessary corrections in his files. Dr. Bredeck, will forward the supplemental to our office, and same will be attached to the original certificate.

Very respectfully,

E. T. McLaugh, M. D.
State Registrar.

G.

DR. HARVEY L. MEADOR
203 CENTRAL BUILDING
CENTRAL AVE. & FORSYTHE BLVD.
CLAYTON, MO.

RECEIVED

SEP 1 1933

THE STATE BOARD OF HEALTH
OF MISSOURI

August 31, 1933.

Dr. E. T. Mc Gaugh, State Registrar,
Jefferson City, Missouri.

Re: Fred W. Wipke, Lindbergh Blvd-Webster
Groves, R. R. No. 3.

Dear Dr. Mc Gaugh:

Above named resident of St Louis County, Missouri, died at the Deaconess Hospital, St Louis, Missouri, on August 15, 1933, and I made thru my office a report of same on form sent me by the undertaker, Mr. Louis H. Bopp, of Kirkwood, Missouri. Mr. Bopp has furnished certified copy of same being No. 6124, Registration District No. 791, Primary Registration District No. 1003, Registered No. 7069, showing place of death at Deaconess Hospital, St Louis, Mo.

Upon examination of same I find that the same contains some errors as follows:

Answer to

No. 22. Should have read as follows: "I hereby certify that I attended deceased from August 17, 1930 to August 15, 1933. I last saw him alive on August 15, 1933. Death is said to have occurred on the date stated above at 2:20 a.m. The principal cause of death and related causes of importance were as follows: Cerebral hemorrhage (apoplexy). Date of onset: August 11, 1933. Other contributory causes of importance: Arterial hypertention of three years standing----- 1930. What test confirmed diagnosis? Physical. Was there an autopsy? No. "

I would greatly appreciate it if you will send me another blank form in which I may make corrected report in the premises and duly execute same. Kindly furnish me directions as to where to forward corrected report.

In the meantime I have been requested by the widow of the deceased relative to where to write for certified copy of death certificate. I advised her to write your office and understand that her attorney did so yesterday. Would suggest that you defer furnishing same until my corrected report is forwarded to your office.

Thanking you in advance for your courtesy and regretting the inconvenience caused, I am,

Respectfully,

H. L. Meador

H. L. Meador, M. D.

H LM/W

DR. HARVEY L. MEADOR
203 CENTRAL BUILDING
CENTRAL AVE. & FORSYTHE BLVD.
CLAYTON, MO.

September 5, 1933.

Dr. J. F. Bredeck,
Municipal Courts Building,
St Louis, Missouri.

Re: Fred W. Wipke (Frederick W. Wipke)
Deceased August 15, 1933 at Deaconess
Hospital, St Louis, Missouri.

Dear Dr. Bredeck:

Pursuant to directions from Dr. E. T. Mc Gaugh,
State Registrar, I have completed and enclose herewith
death supplemental in re: above deceased.

This bears Registered No. 7069, on certified copy
of original report, which report required correction because of
error.

Inasmuch as Mrs. Mathilda Wipke, the widow of
the above deceased is desirous of having certified copy of
death certificate, after corrections have been duly recorded,
I would appreciate your hastening the movement of this supplemental
to Dr. E. T. Mc Gaugh to be attached to the original certificate,
in order that a certified copy in the premises may be furnished to
Mrs. Wipke for the purpose of sending to an insurance company
which was on the risk of the deceased.

Thanking you in advance, I am,

Respectfully,

Harvey L. Meador
Harvey L. Meador, M. D.

HLM/W

RA 8164 3-5
9-10
Pa 7124

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. 1)

Registration District No. 1
Primary Registration District No. 1

File No. 1
Registered No. 1
St. 1 Ward 1

2. FULL NAME

Fred W. Wepke
(a) Residence, No. 1838 St. Louis Mo. 183
(Usual place of abode)

Ward 1

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Matilda Wepke</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9 1864</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>2</u>	DAYS <u>6</u>
IF LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>Retired</u>		
11. Total time (years) spent in this occupation		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1930 to Aug 15, 1933

I last saw him alive on Aug 15, 1933 Death is said

to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Epilepsy
Date of onset 8/1/33
8/1/33

Other contributory causes of importance

Chronic Hypertension
9 years standing
Date of 1930

Name of operation None Date of None

What test confirmed diagnosis? Phys. exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. L. Megard, M. D.

(Address) Clayton, Mo.

FILED 9-6-33 J. F. Bredeck

Registrar

DEATH IN plain terms. If may be properly classified. Exact statement of OCCUPATION is very important. DEATH IN plain terms. If may be properly classified. Exact statement of OCCUPATION is very important.

FEES SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW